

# The Opioid Epidemic and the Indiana Medical Licensing Board Opioid Laws

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# Disclosures

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Attorney General's Prescription  
Drug Abuse Task Force Member-  
Education Committee

# Goals and Objectives

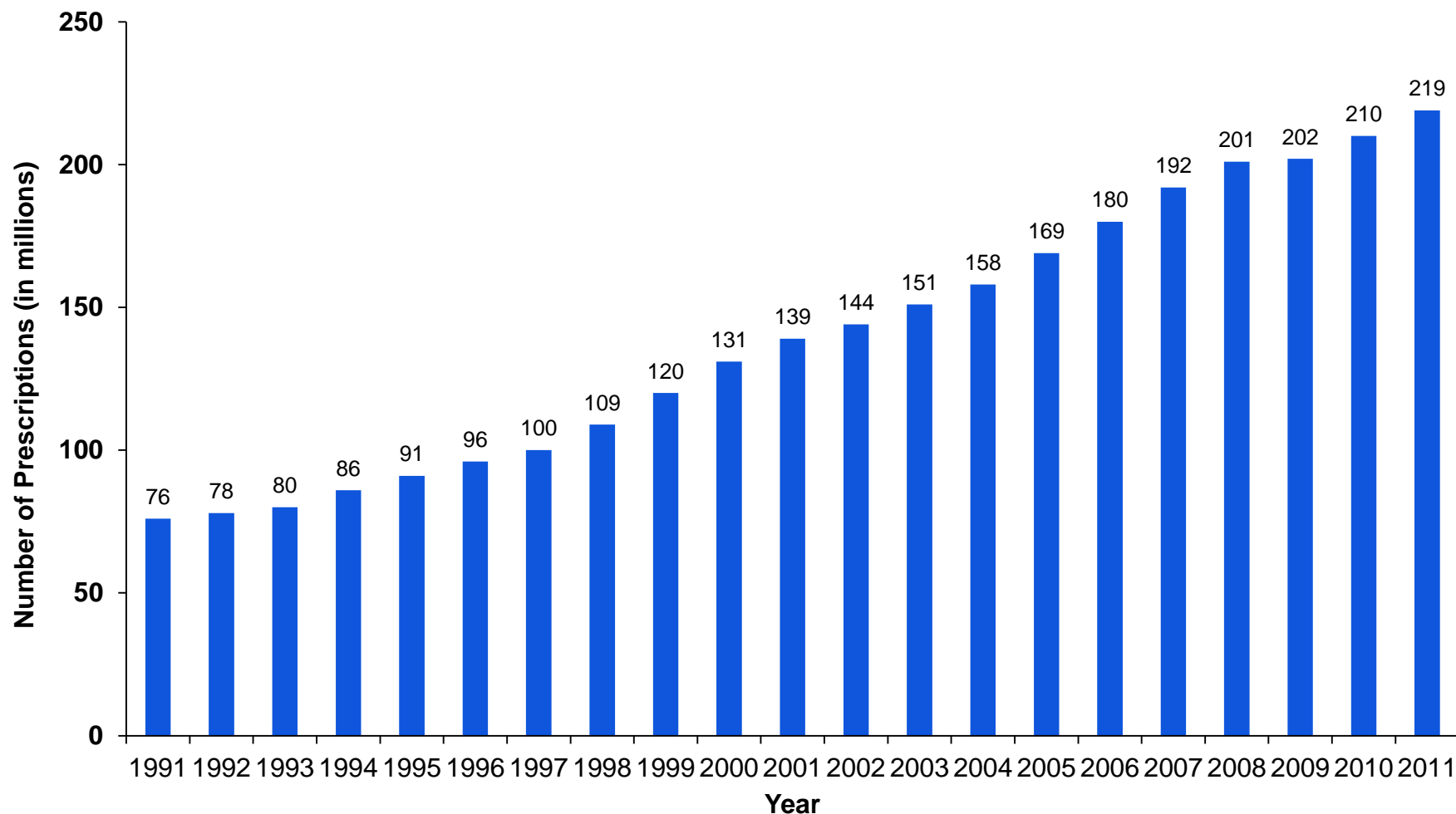
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**Identify the trends and consequences in opioid prescribing**

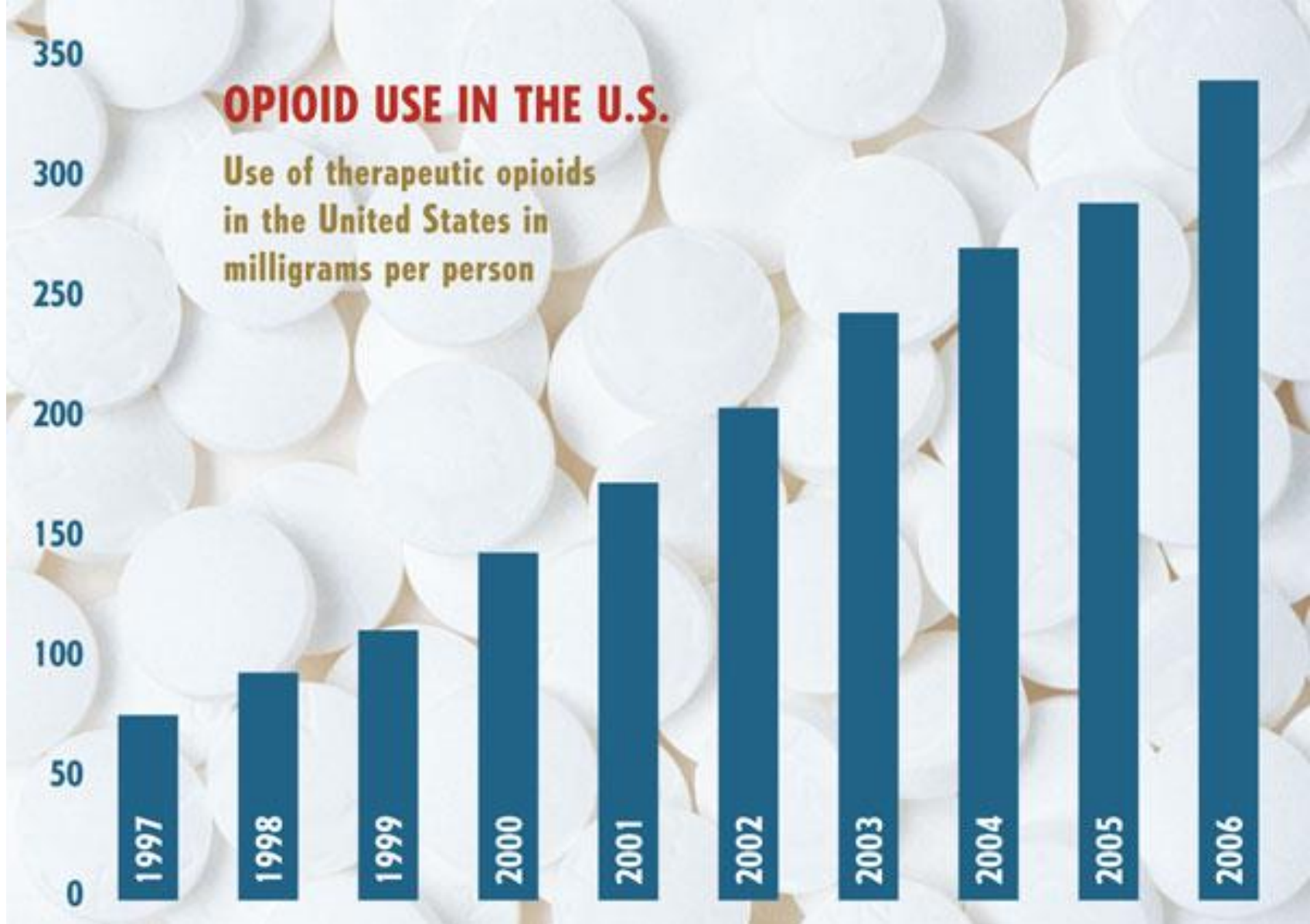
**Review the evidence for Opioids in Treatment of Pain**

**Review new Permanent Indiana laws for opioid prescribing**

# Opioid Prescriptions Dispensed by Retail Pharmacies— United States, 1991–2011



IMS Vector One. From "Prescription Drug Abuse: It's Not what the doctor ordered." Nora Volkow National Prescription Drug Abuse Summit, April 2012.  
Available at <http://www.slideshare.net/OPUNITE/nora-volkow-final-edits>.



The use of therapeutic opioids-natural opiates and synthetic versions-increased 347% between 1997 and 2006, according to this U.S. Drug Enforcement data

# Prescription Drug Misuse

- USA <5% of world population
- consumes 99% global hydrocodone
- consumes >80% global opioid



# Why the Opioid Increase?

- Liberalization of laws governing opioid prescribing
- Joint Commission Standards – 2000
- Growing public awareness of the right to pain relief
- Aggressive marketing



# “The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy”

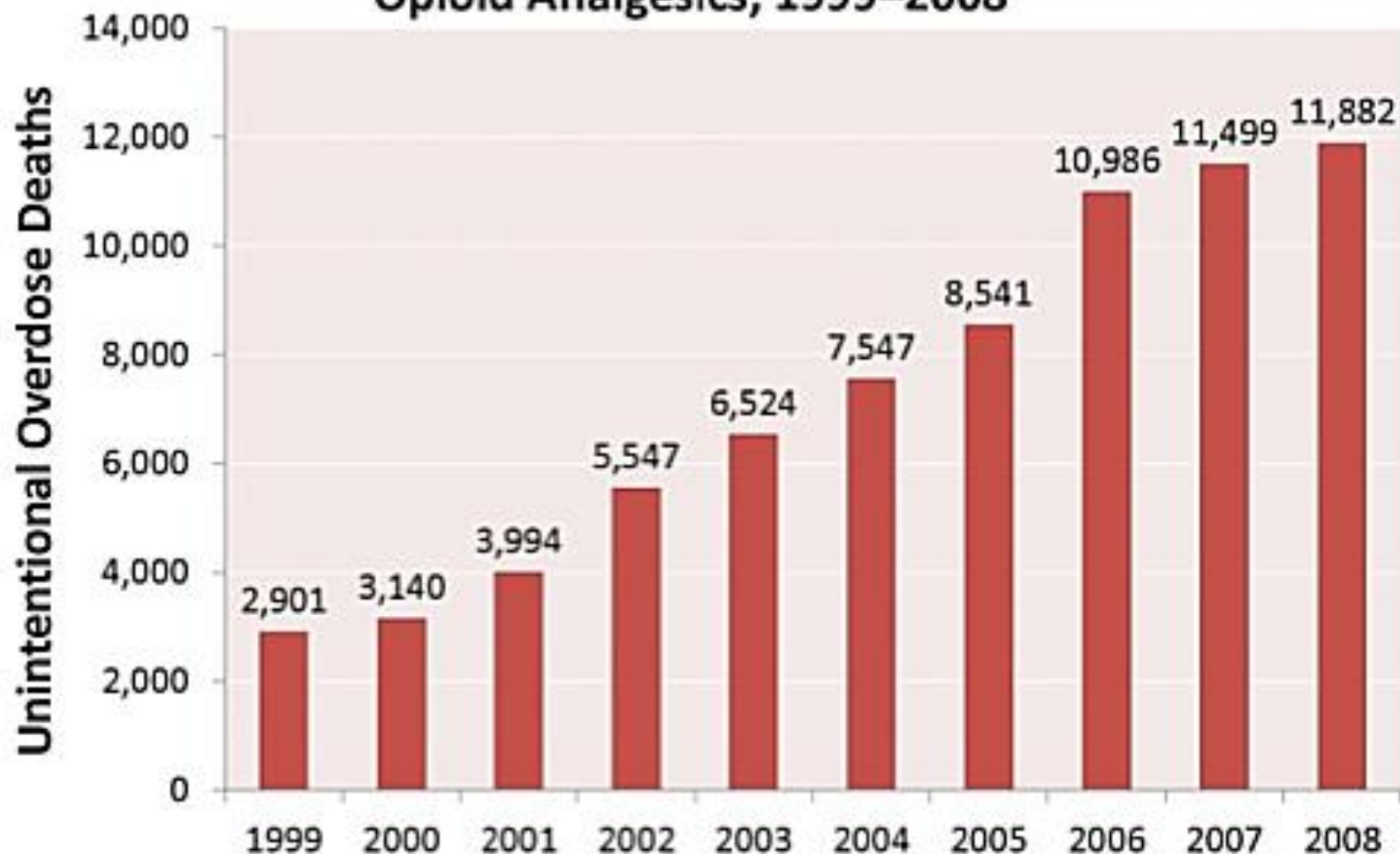
No studies support benefit over other opioids

- Unprecedented Marketing
- Sales Reps trained “Risk of Addiction <1%”
- Original FDA Label- Risk of Abuse/Addiction
  - 1996 “Very Rare”
- Can be crushed, injected, inhaled or swallowed
- Risk of Abuse consistently minimized
- 2007 Purdue Pharma fined \$634M
- 2009 OxyContin Sales \$3B





## Increase in Unintentional Overdose Deaths Involving Opioid Analgesics, 1999–2008

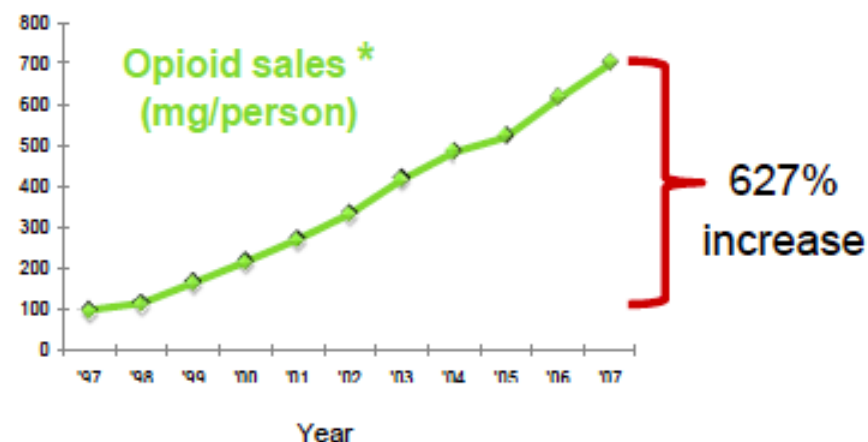


**Source:** Centers for Disease Control and Prevention, National Center for Health Statistics, accessed through CDC WONDER Online Database, released 2011.

# Unintentional Overdose Deaths Involving Opioid Analgesics Parallel Opioid Sales United States, 1997–2007

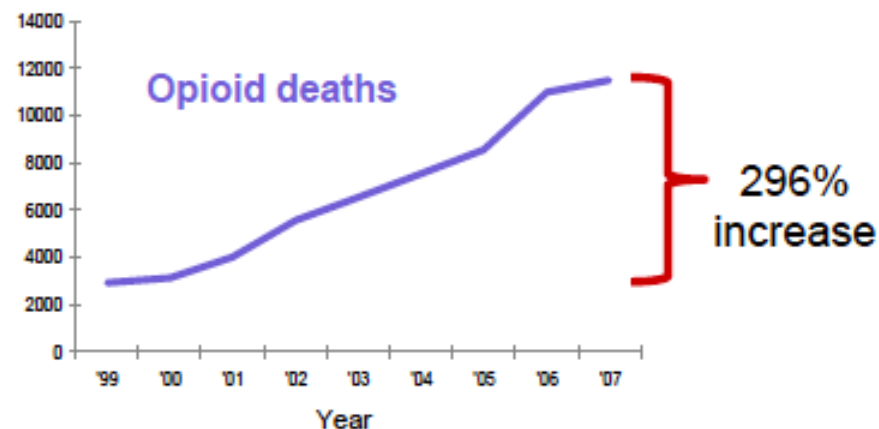
## □ Distribution by drug companies

- 96 mg/person in 1997
- 698 mg/person in 2007
  - Enough for every American to take 5 mg Vicodin every 4 hrs for 3 weeks

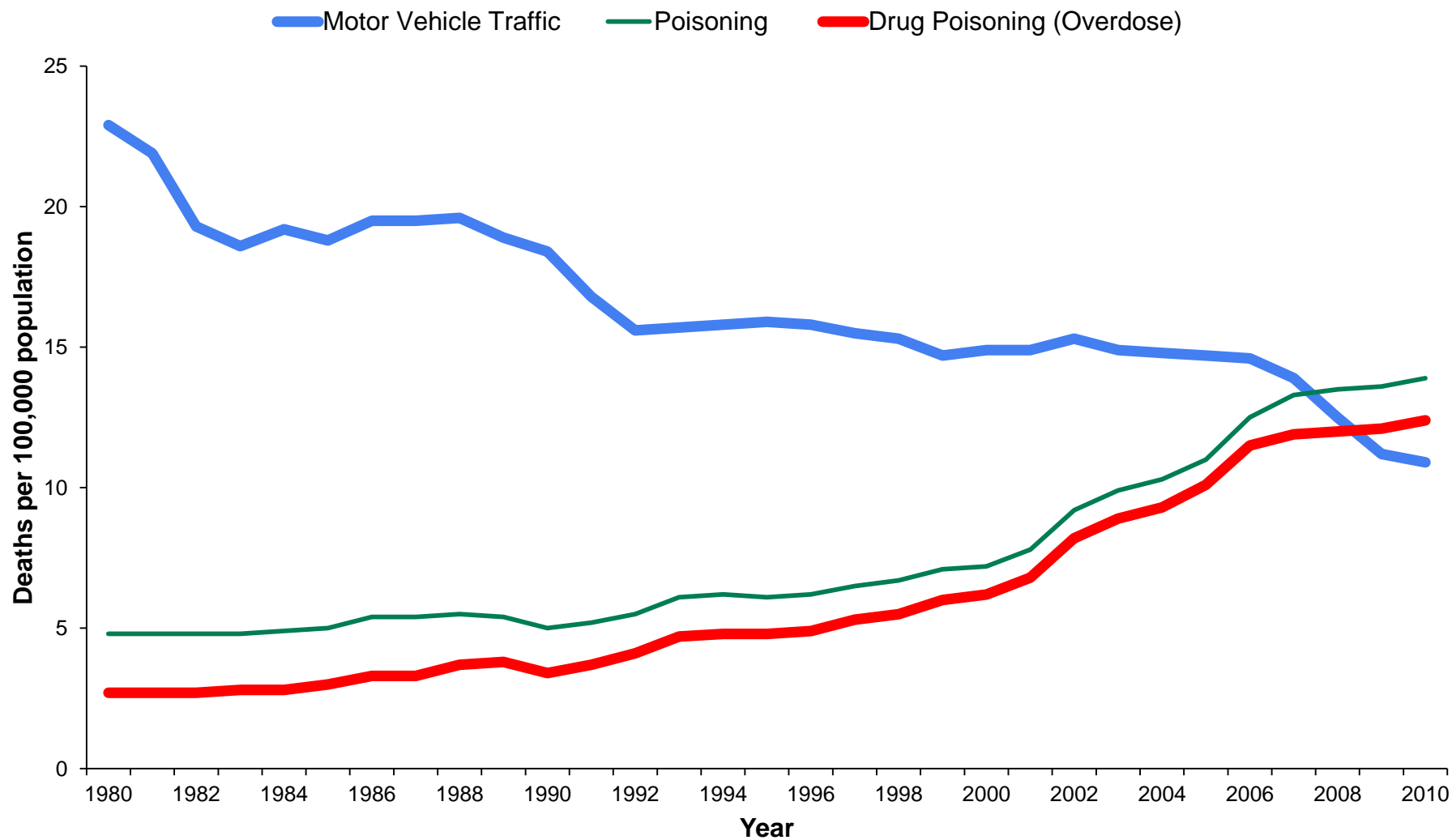


## □ Overdose deaths

- 2,901 in 1999
- 11,499 in 2007

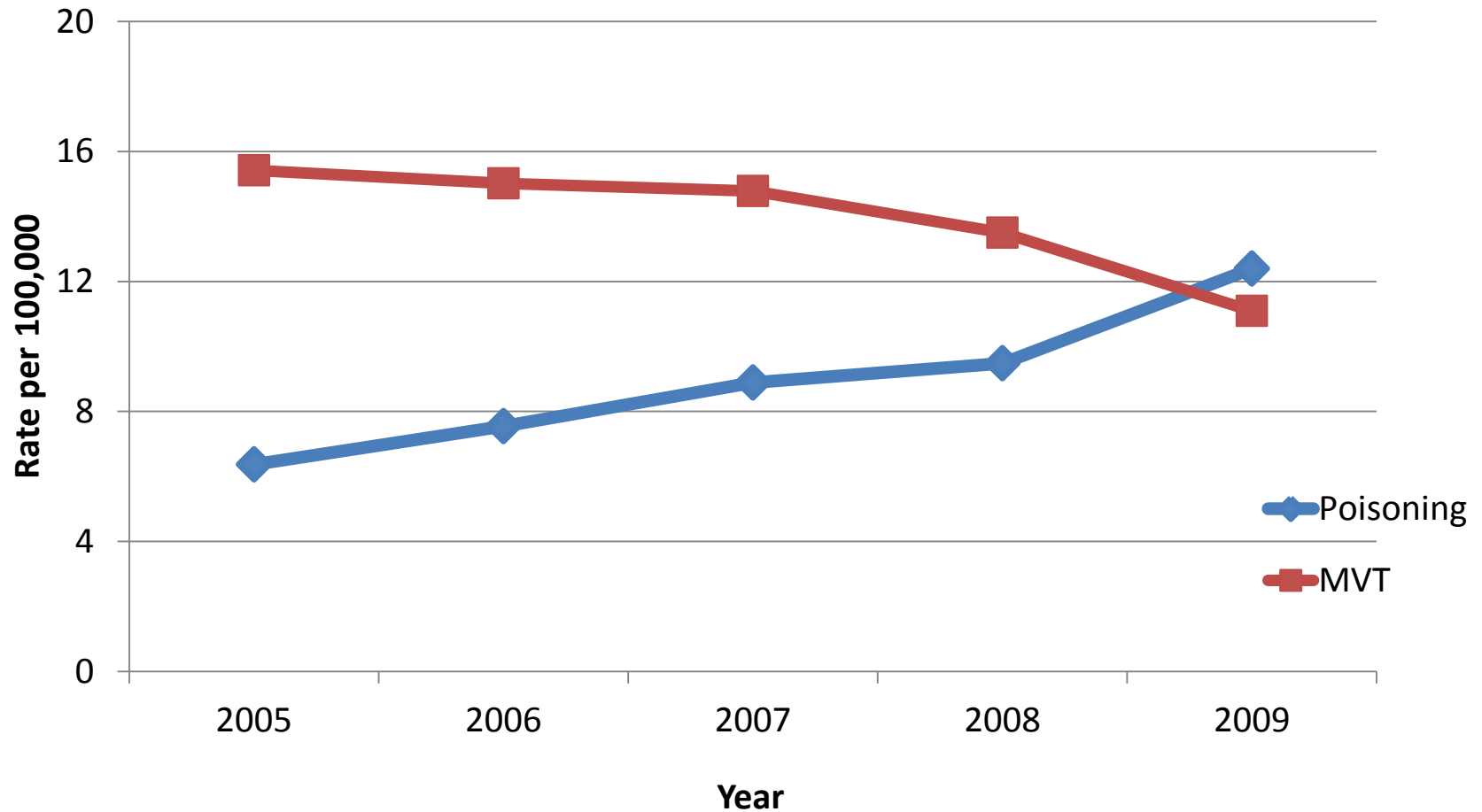


# MVA vs. Poisoning Deaths



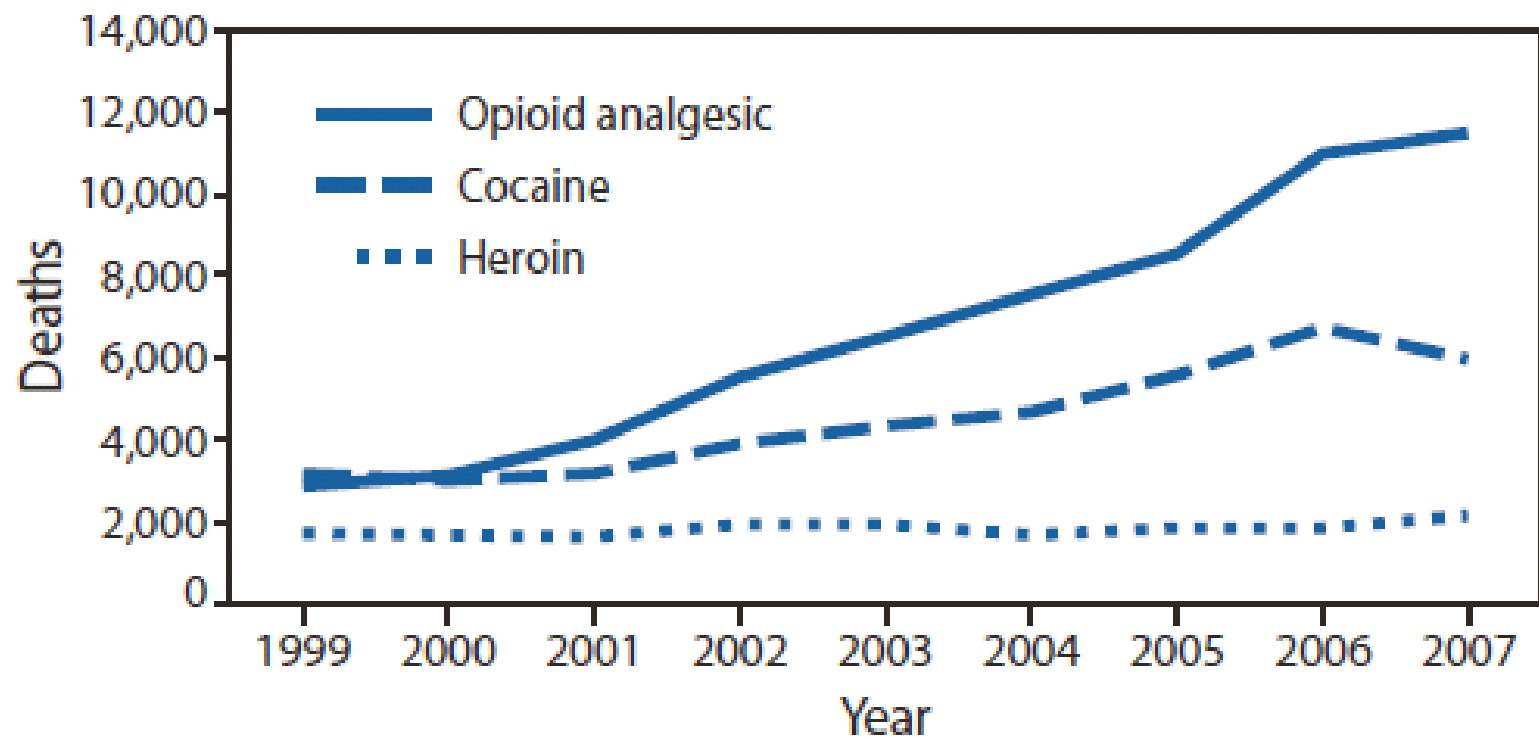
NCHS Data Brief, December, 2011. Updated with 2009 and 2010 mortality data

# Unintentional Poisoning and Motor Vehicle Traffic Death Rates, Age-Adjusted, Indiana, 2005 – 2009

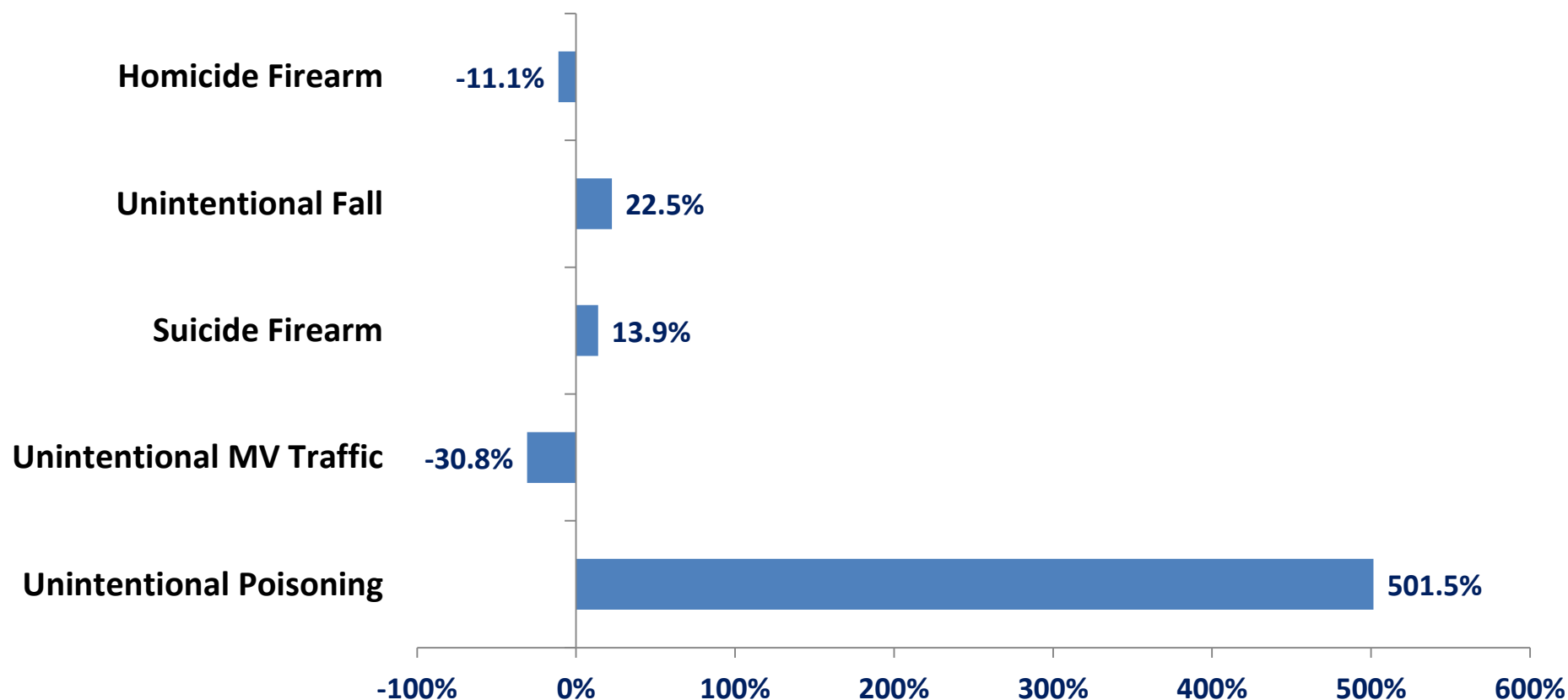


Source: Centers for Disease Control and Prevention, WISQARS Database

# Overdose death rates by drugs

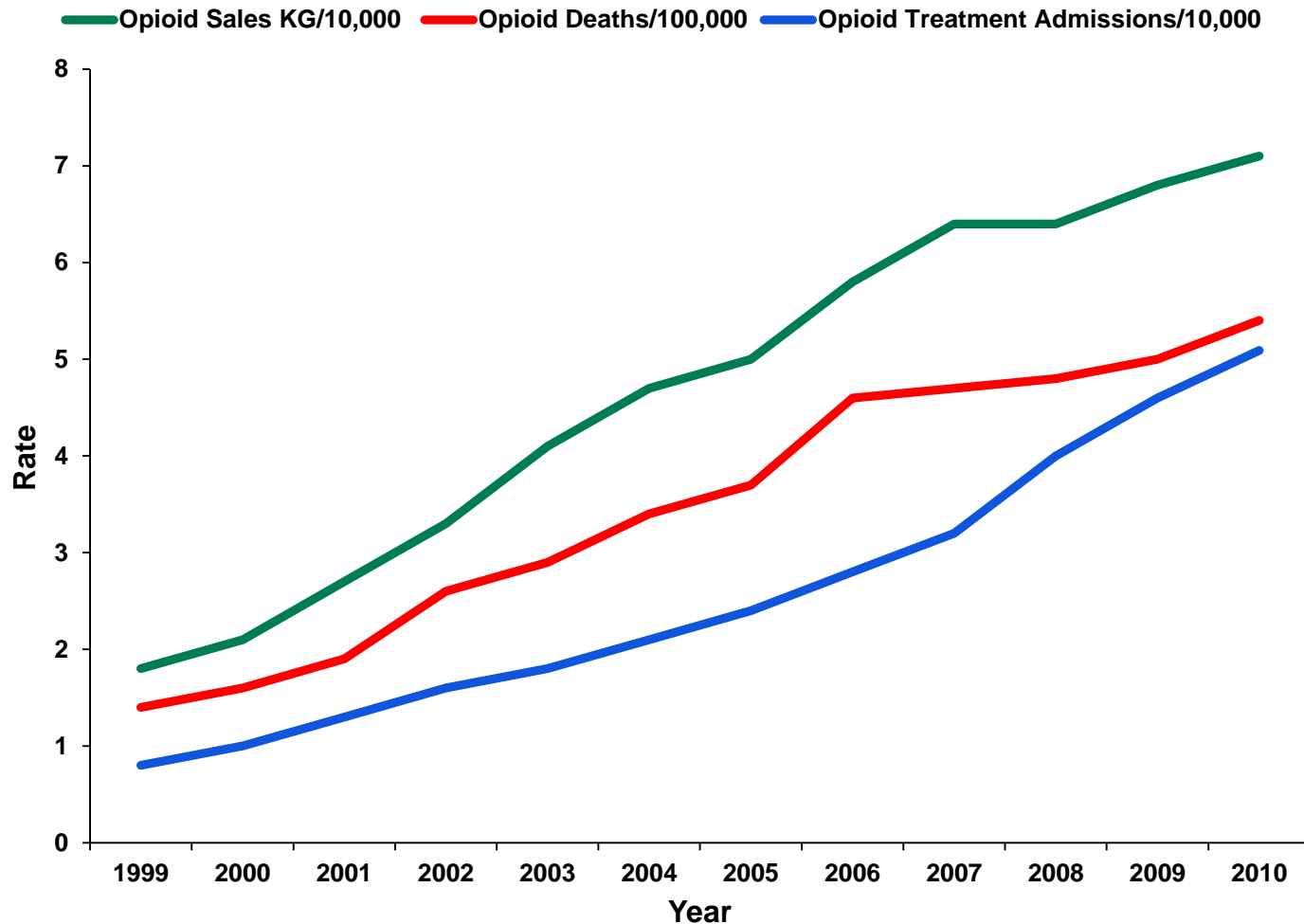


# Percent Change in Leading Causes of Injury Death\*—Indiana, 1999–2009



*\*Age-adjusted rates*


# Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010





CDC. *MMWR* 2011. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s\\_cid=mm60e1101a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w). Updated with 2009 mortality and 2010 treatment admission data.

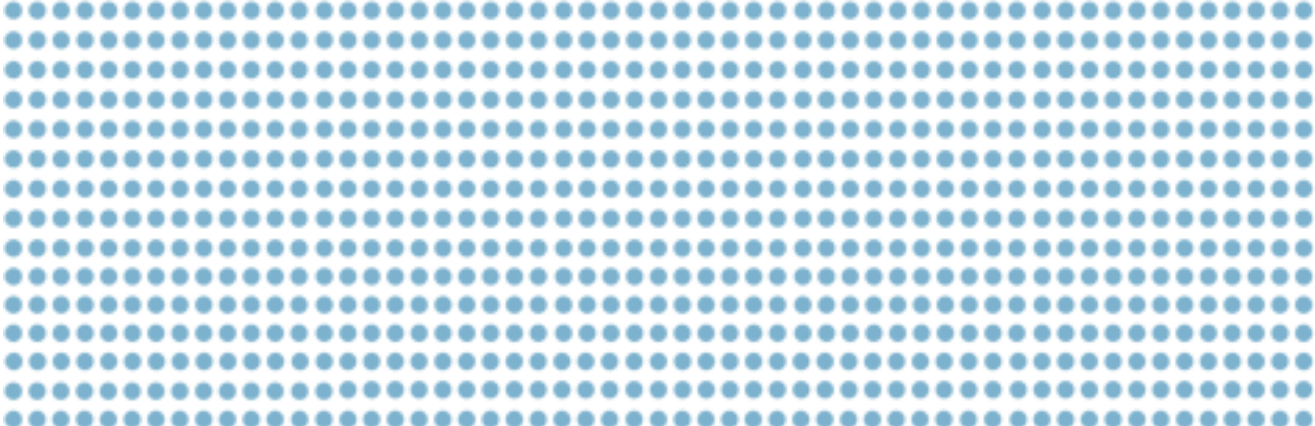
For every **1** death there are...



 **10** treatment admissions for abuse<sup>9</sup>

 **32** emergency dept visits for misuse or abuse<sup>6</sup>

 **130** people who abuse or are dependent<sup>7</sup>

 **825** nonmedical users<sup>7</sup>



# 2011 INDIANA

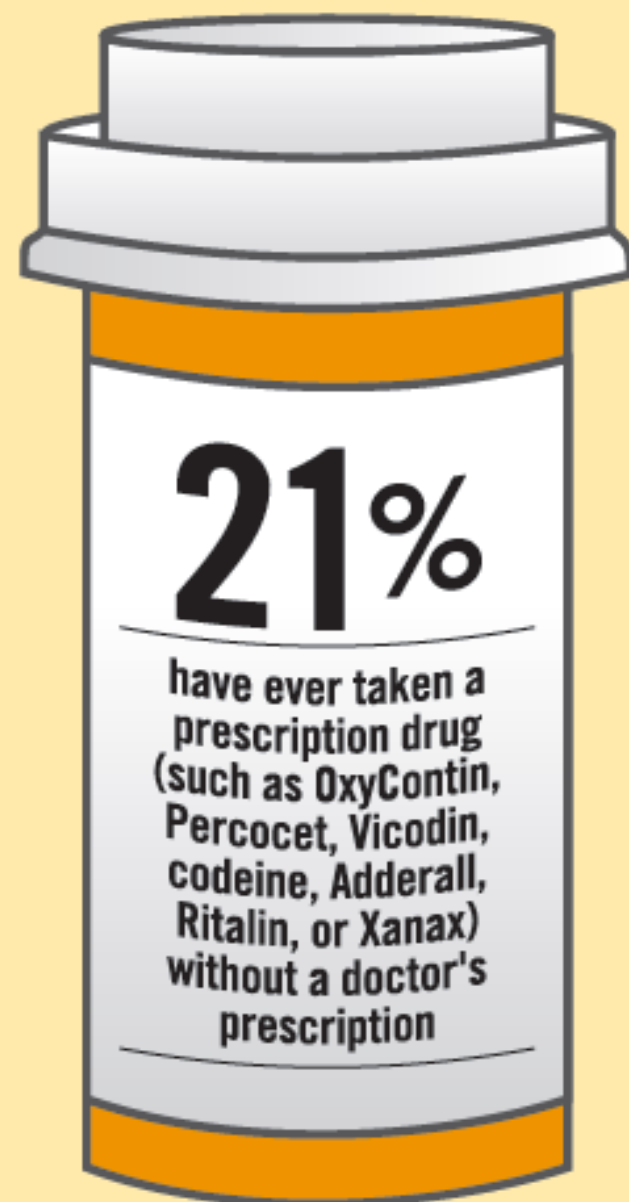


• ALCOHOL AND  
OTHER DRUG USE •

# FACTS

*about*

HIGH SCHOOL STUDENTS



# 2010 Nonmedical Use of Vicodin and OxyContin during past year

## VICODIN

- 2.7% of 8<sup>th</sup> graders
- 7.7% of 10<sup>th</sup> graders
- 8.0% of 12<sup>th</sup> graders

## OXYCONTIN

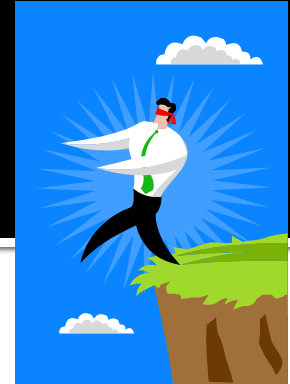
- 2.1% of 8<sup>th</sup> graders
- 4.6% of 10<sup>th</sup> graders
- 5.1% of 12<sup>th</sup> graders



Source:

[Source: Monitoring the Future \(University of Michigan Web Site\).](#)

# Teen Brain



- Primed to take risks
- Seek experimentation
- Decision making, judgment, impulse control not fully developed in teens
- Emotion & memory are not yet fully developed
- Addictive substances physically alter brain structure and function faster & more intensely than in adults,
  - Interfering with brain development
  - further impairing judgment
  - Heightening the risk of addiction.

# Risk of Lifetime Addiction

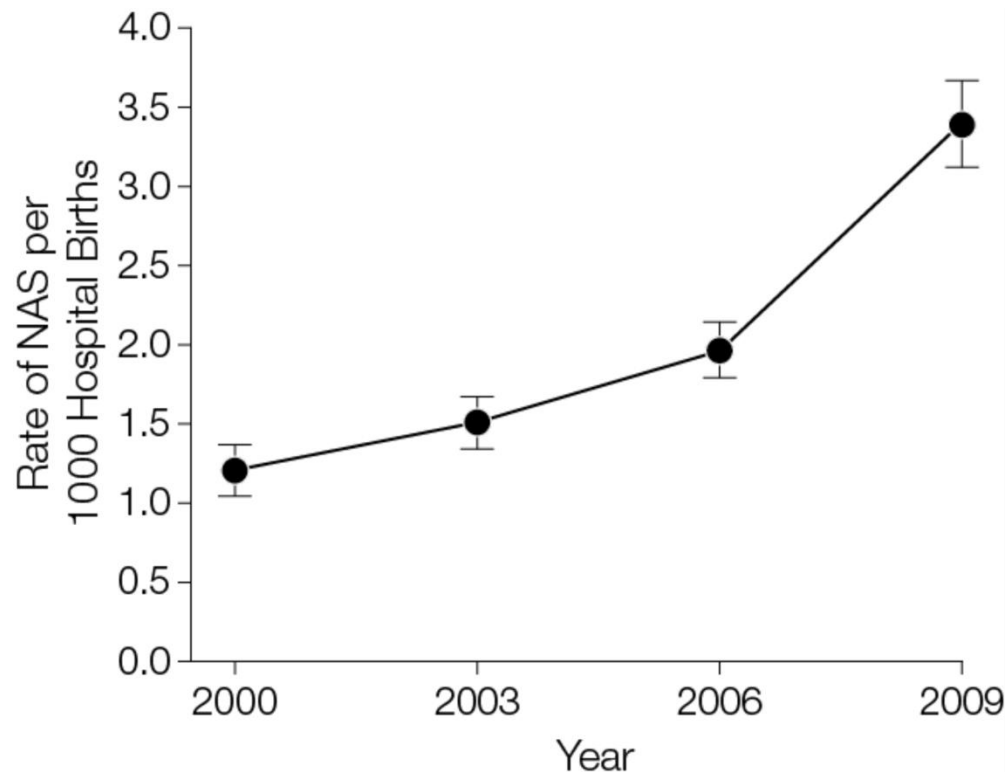
- 90% adults w/ substance abuse exposed < 18yo
- If use of substance <18yo = 25% risk addiction
- If use of substance >21 = 4% risk addiction
- Children <15yo who use any addictive substance
  - 6.5X more likely to develop SUD as those who delay use >21yo (**28.1%** vs. **4.3 %**).

Source:

"Adolescent Substance Abuse: America's #1 Public Health Problem," National Center on Addiction and Substance Abuse at Columbia University, June 2011, p. 2.

From: **Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009**

JAMA. 2012;307(18):1934-1940. doi:10.1001/jama.2012.3951



2009 NAS vs. other

LOS 16.4d vs. 3.3d

\$53,400 vs. \$9,500

**Figure Legend:**

NAS indicates neonatal abstinence syndrome. Error bars indicate 95% CI. P for trend < .001 over the study period. The unweighted sample sizes for rates of NAS and for all other US hospital births are 2920 and 784 191 in 2000; 3761 and 890 582 in 2003; 5200 and 1 000 203 in 2006; and 9674 and 1 113 123 in 2009; respectively.

From: **Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009**

JAMA. 2012;307(18):1934-1940. doi:10.1001/jama.2012.3951

**2009 -9K**

**MEDICAID 77%**

Private Payer 17%

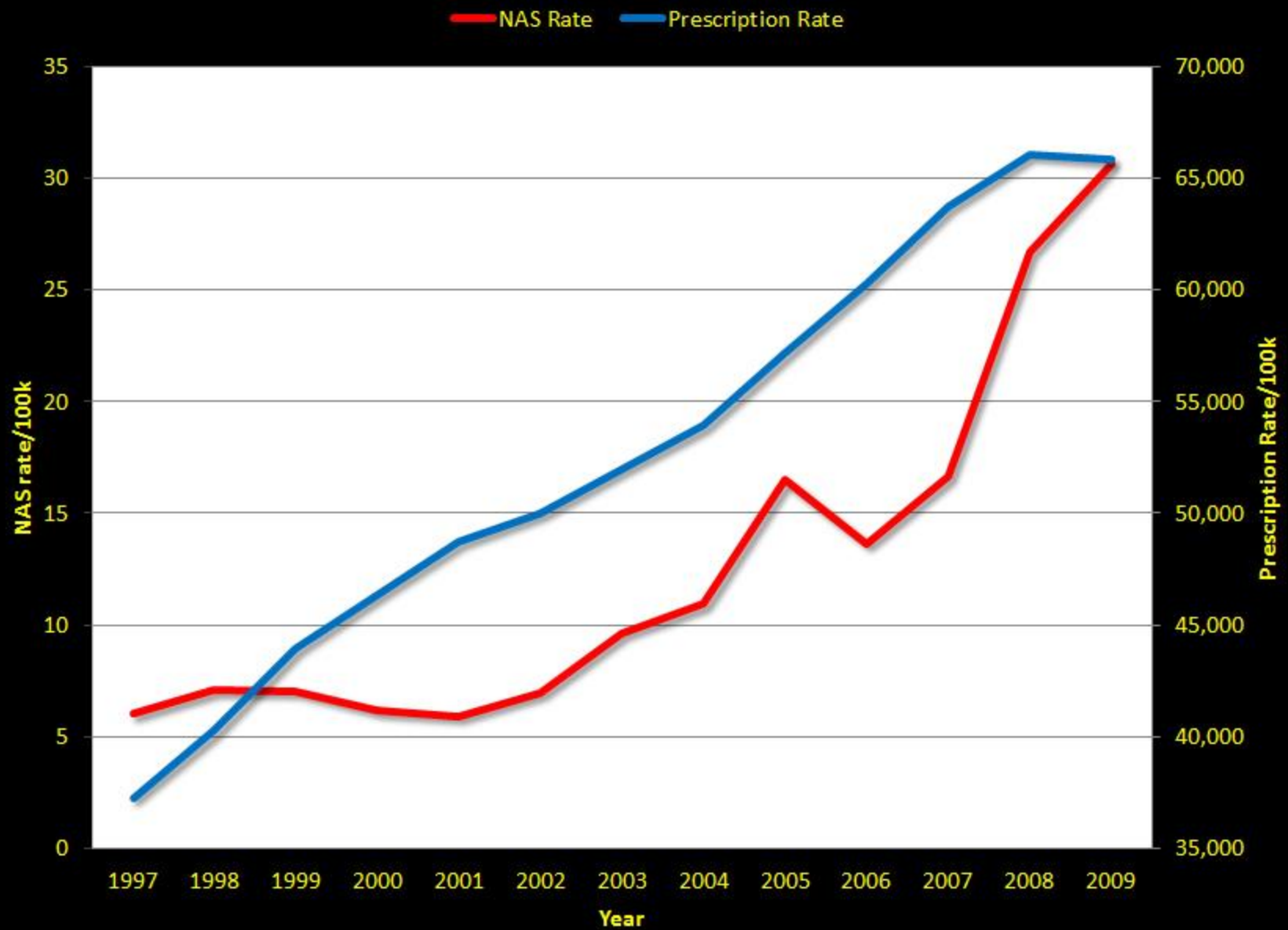
Self-pay 2.9%

Other 2%

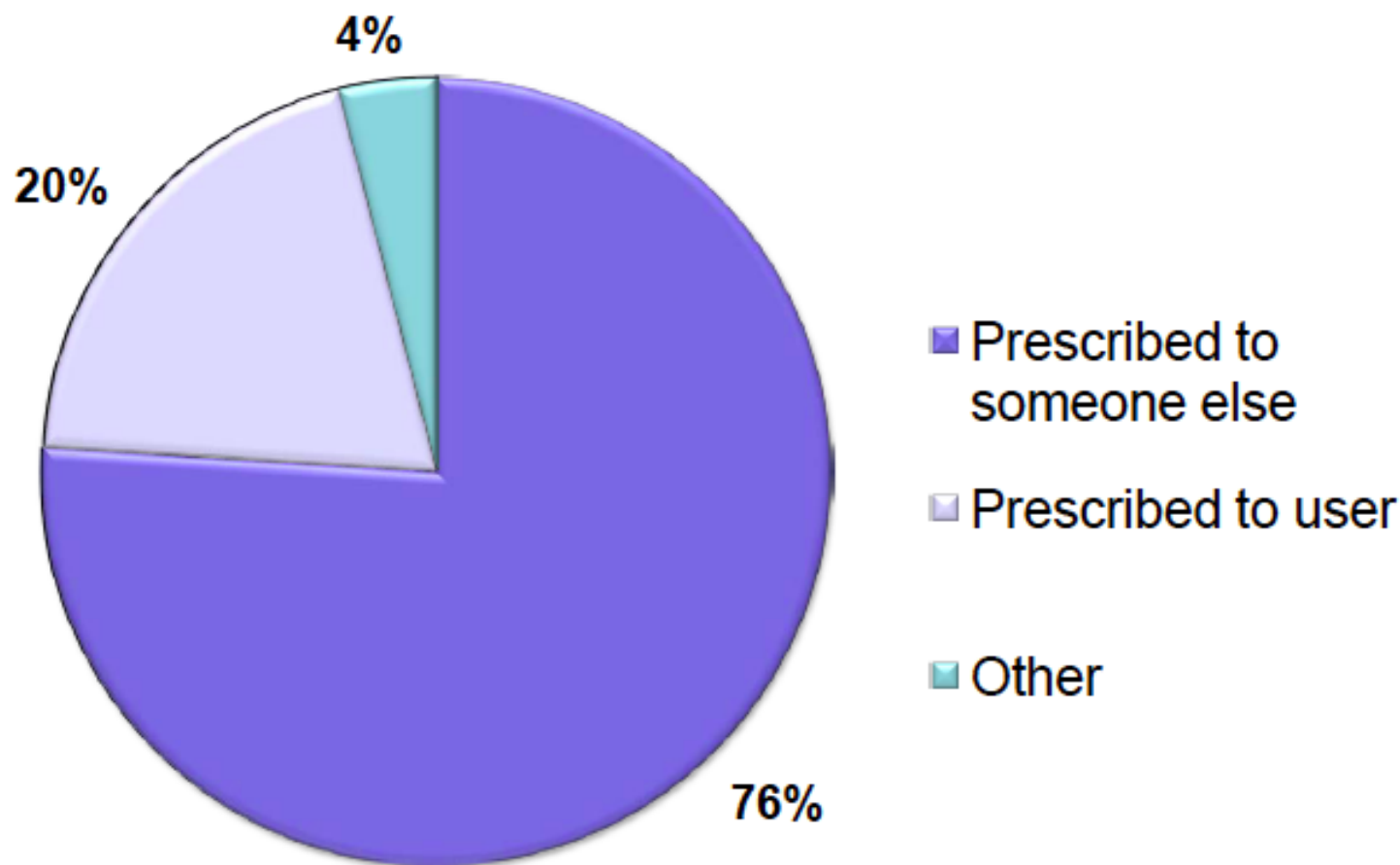


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## NAS vs. Opioid Prescriptions, U.S. 1997-2009

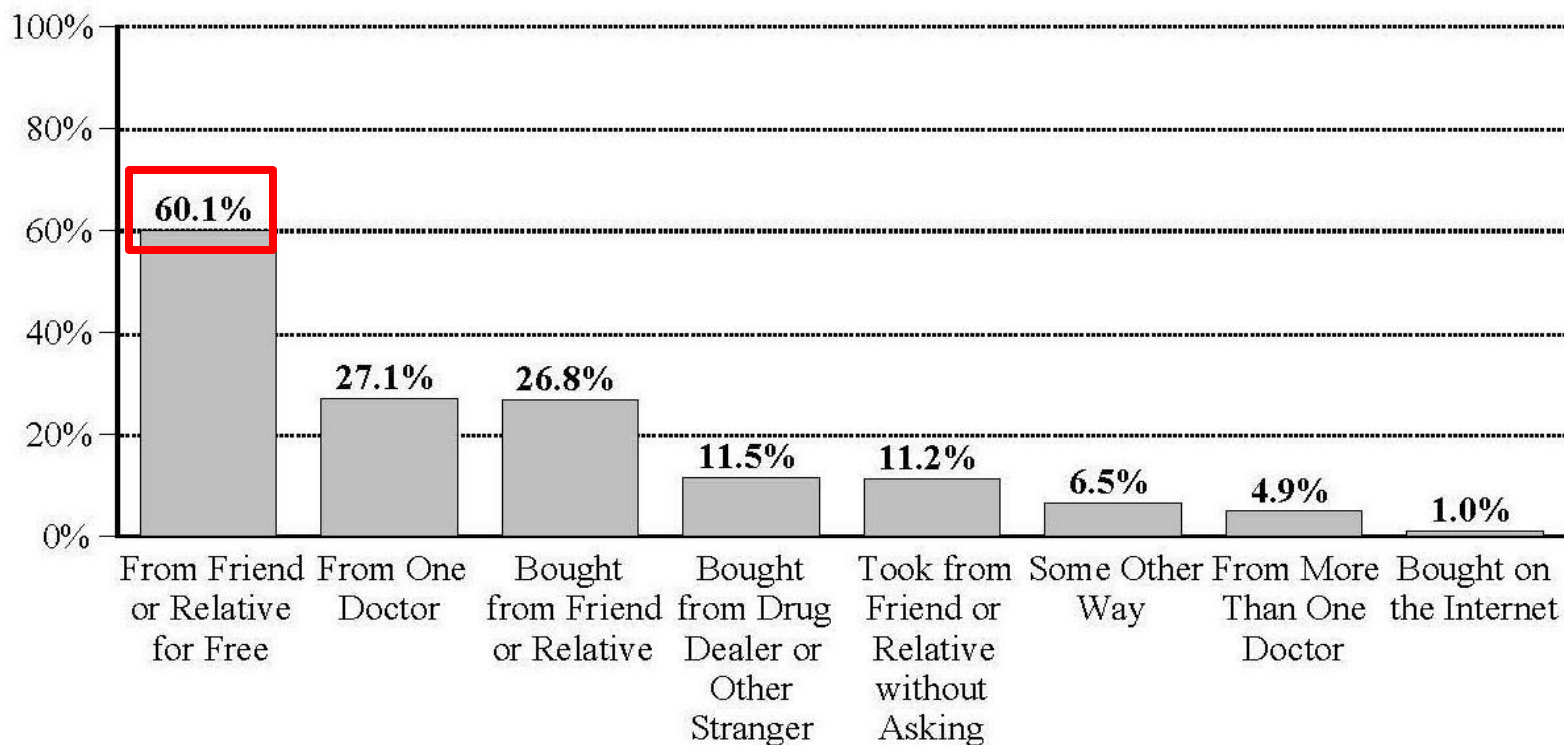


# Opioid Analgesics: Sources for Nonmedical Users United States, 2009





**Method of Obtaining Prescription Pain Relievers  
Reported by Past Month Nonmedical Users Ages 12 or Older  
(2009 & 2010 Combined Annual Averages)**



National Survey on Drug Use and Health 2010.

## ABUSE OF PRESCRIPTION PAIN MEDICATIONS

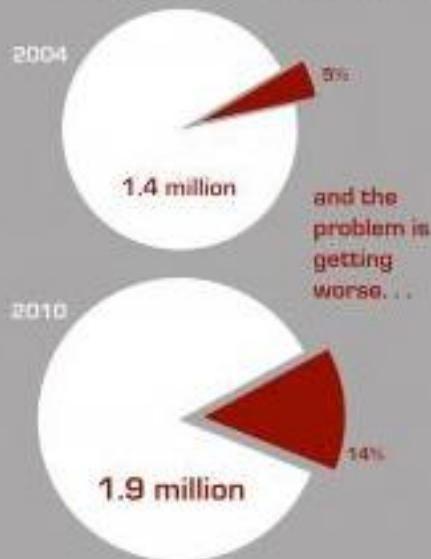
### RISKS HEROIN USE

In 2010 almost 1 in 20 adolescents and adults – 12 million people – used prescription pain medication when it was not prescribed for them or only for the feeling it caused<sup>1</sup>. While many believe these drugs are not dangerous because they can be prescribed by a doctor, abuse often leads to dependence. And eventually, for some, pain medication abuse leads to heroin.



PEOPLE WHO TAKE NON MEDICAL  
PRESCRIPTION PAIN RELIEVERS WILL TRY  
HEROIN WITHIN 10 YEARS<sup>2</sup>

Number of People Who Abused or were  
Dependent on Pain Medications and  
Percentage of Them that Use Heroin<sup>3</sup>

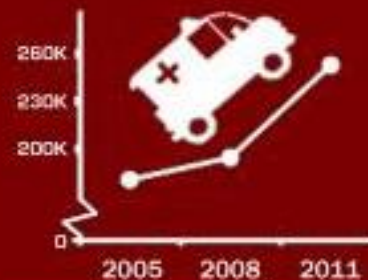


Heroin users are **3X** as likely  
to be dependent

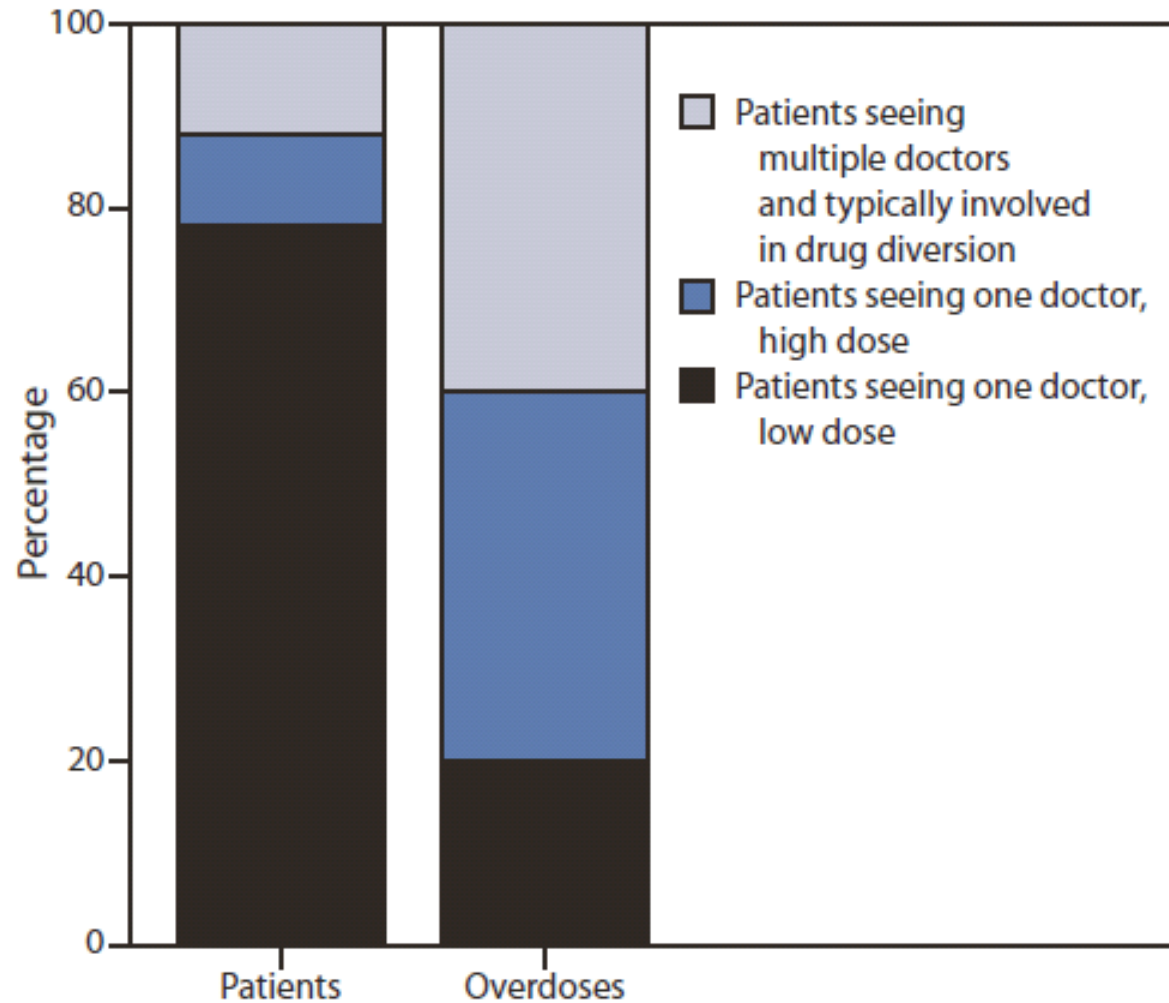
14% of non medical prescription  
pain reliever users are dependent

54% of heroin users are dependent<sup>4</sup>

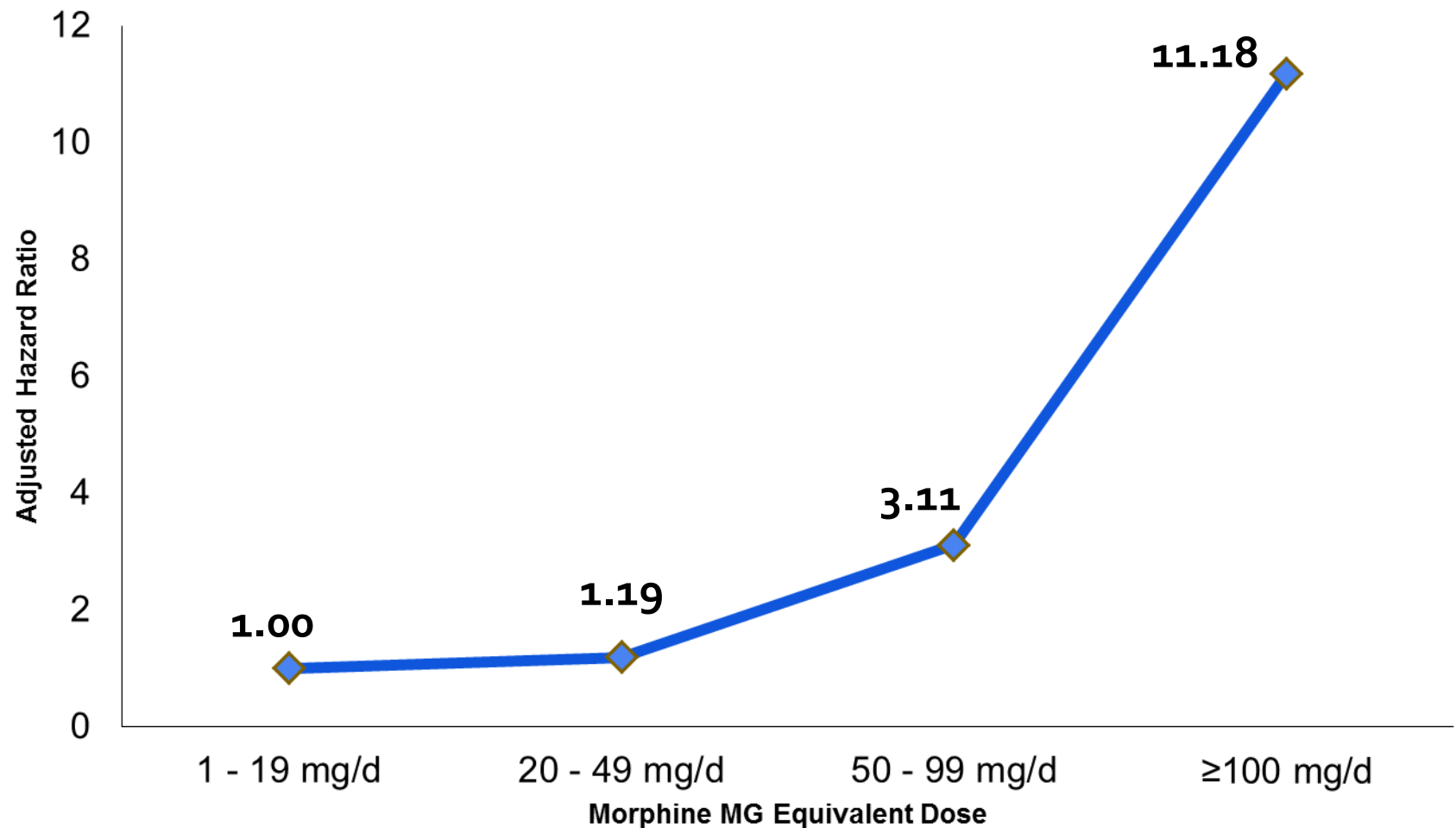
### Heroin Emergency Room Admissions Are Increasing<sup>5</sup>



## Percentage of patients & prescription drug overdoses, by risk group in the United States



# High Opioid Dose and Overdose Risk



# Cost of Opioid Prescriptions in US

Clin J Pain 2011;27:194–202

- 2006 estimated total cost nonmedical use prescription opioids was **\$53.4** billion
- \$4.2 billion (79%) to lost productivity
- \$8.2 billion (15 %) to criminal justice costs
- \$2.2 billion (4%) to drug abuse treatment
- CDC's estimate for 2009 is **\$72B**



## Office of National Drug Control Policy

**\$193 billion**

Estimated cost of drug use to  
the U.S society in lost  
productivity, health care and  
criminal justice costs in 2007

*(Source: NDIC)*

# Are Opioids Effective for Pain

- Studies <16 weeks – Opioids vs placebo for pain
  - Moderate reduction in pain
  - Small improvement in function
  - Limited by high-drop out rates, excluded patient with h/o SUD



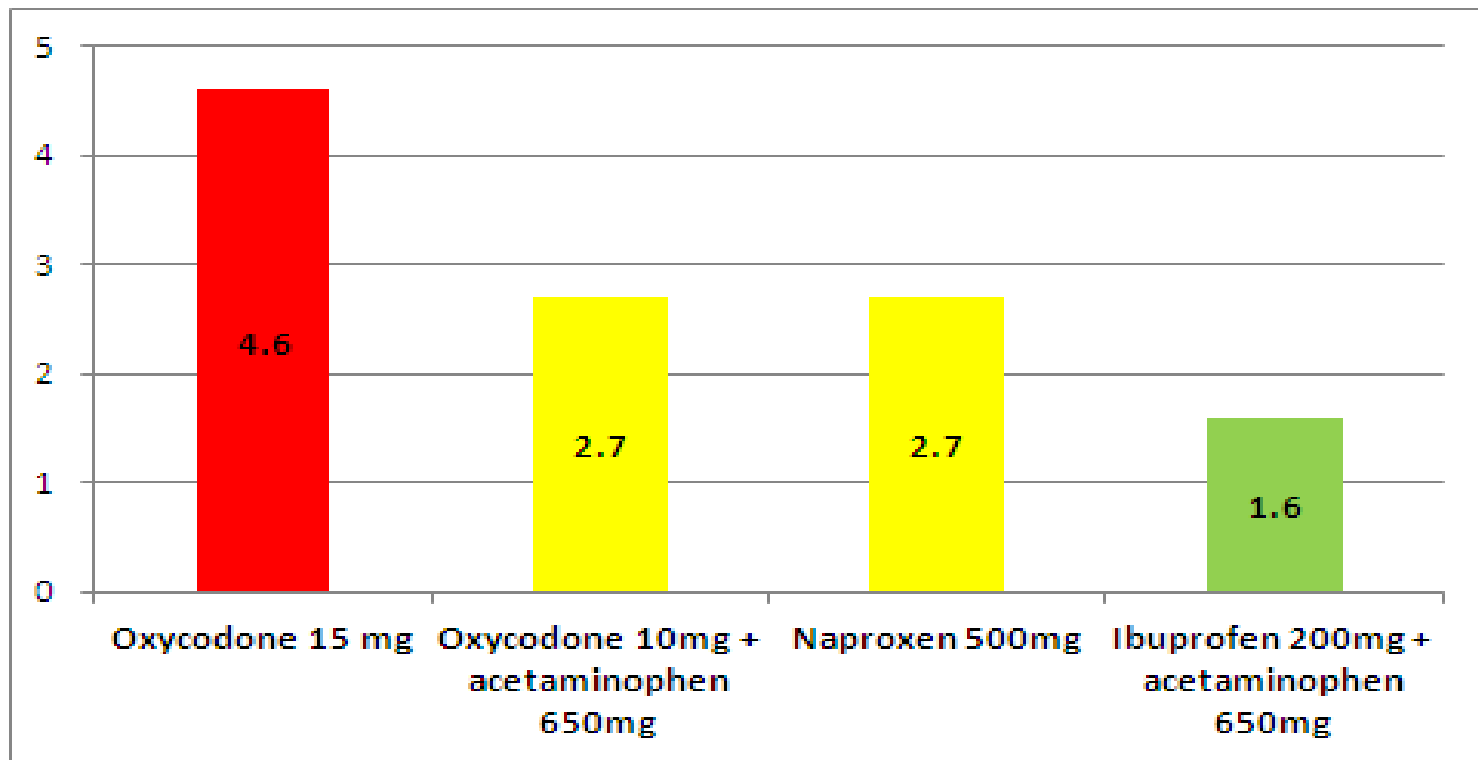
# National Safety Council White Paper Evidence for the Efficacy of Pain Medications

- **NO EVIDENCE** of Benefit for Opioids used >4mo
- No evidence of decreased suffering- No overall improvement in back & neck pain disability
- Denmark Study- COT users higher pain, lower QOL, less functional



# National Safety Council White Paper Evidence for the Efficacy of Pain Medications

NNT for one person to get 50% pain relief post-operatively



Teater, Donald. (2014, October 6) "Evidence for the efficacy of Pain Medications." [White Paper]. National Safety Council. Retrieved October 10, 2014

# AAN - Position paper

## “Opioids for chronic non-cancer Pain”

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"Whereas there is evidence for significant short-term pain relief, there is no substantial evidence for maintenance of pain relief or improved function over long periods of time without incurring serious risk of overdose, dependence, or addiction."

Franklin GM. "Opioids for chronic noncancer pain: A position paper of the American Academy of Neurology". *Neurology*. 2014 Sep 30;83(14):1277-84